

GRANT APPLICATION DIRECTIONS – Federal Office of Rural Health Policy (FORHP)

FLEX PROGRAM – “Every Patient Matters”

Faced with a rapidly changing landscape that is geared toward quality improvement and population health initiatives, FORHP has engaged several key partners in the field, including Flex coordinators and workgroups, for how to:

- I. re-structure and target Flex programs to demonstrate value ;
- II. prepare rural health for the changes and expectations ahead; and
- III. establish and measure outcomes consistently across the program nationally.

Moving forward, the Flex Program will incorporate a **three year** project period focused on funding activities that can provide clear outcomes and demonstrated improvements. The Flex program is designed to allow grantees to develop, implement and measure impact and improvement within the key program areas of the grant, but is short enough that given the changing health care environment, FORHP can adapt the program to better align, as needed, for the next grant cycle.

State Flex funding for this three year project period will act as a resource and focal point for strategic planning in the following program areas with an emphasis on quality and financial and operational improvement:

- 1) Quality Improvement (required)
- 2) Financial and Operational Improvement (required)
- 3) Population Health Management and Emergency Medical Services Integration (optional)
- 4) Designation of CAHs in the State (required if requested)
- 5) Integration of Innovative Health Care Models (optional)

Ultimately, the overall goals of the Flex program are to:

- Improve the quality of care provided by CAHs.
- Improve the financial and operational outcomes of CAHs.
- Understand the Community Health and EMS Needs of CAHs.
- Enhance the health of rural communities through community/population health improvement.
- Improve identification and management of Time Critical Diagnoses and engage EMS capacity and performance in Rural Communities.
- Support the financial and operational transition to value based models and health care transformation models in the health care system.

While working on program activities, states are encouraged to work with: Quality Improvement Organizations (QIOs), Quality Innovation Networks (QINs), State Hospital Associations, Health Information Exchanges (HIEs), Hospital Engagement Networks (HENs), State Rural Health Associations, and others concerned with the future of rural health care.

I. Quality Improvement

This program area, referred to as the Medicare Beneficiary Quality Improvement Project (MBQIP), focuses on work to improve the quality of health care provided by CAHs and other rural health care providers. Other types of health care providers can and should benefit from this work, but the majority of activities must target CAHs.

MBQIP activities are grouped in four different quality domains: Patient Safety, Patient Engagement, Care Transitions, and Outpatient Care. To see a complete list of these quality domain activities with measures please reference Appendix B – MBQIP Quality Domains. ORHP expects all grantees to select Activities 1.01- 1.05 and 1.09 which covers the four quality domains of MBQIP.

Building and maintaining the participation of all CAHs in MBQIP through these sets of quality measurement and reporting activities are required. In year 1, it is acceptable to work towards building the capacity for CAHs to participate in these activities and report data if they are not already doing so. **For CAHs already engaged in these quality activities, the focus should be on quality improvement. Individual CAHs that do not participate or work towards capacity building, if needed, in all required activities will not be eligible to benefit from Flex grant funds in future years (project period years 2 and 3).**